

United States Bankruptcy Court
Southern District of Illinois

Case Management/Electronic Case Files
Attorney/Participant Registration Form
Live System

This form will be used to establish an account with the Court's Case Management/Electronic Case Files (CM/ECF) system. Only registered participants will be able to electronically view, file and retrieve documents in the Court's electronic files.

First/Middle/Last Name: _____

Last four digits of Social Security Number: _____

Attorney Bar #: _____ State: _____

Firm Name: _____

Firm Address 1: _____

Firm Address 2: _____

Voice Phone Number: _____

FAX Phone Number: _____

Internet E-Mail Address: _____

By submitting this registration form, the undersigned agrees to abide by the following requirements and rules:

1. This system is for use only in cases electronically maintained by the U.S. Bankruptcy Court for the Southern District of Illinois. It may be used to file, view and retrieve documents, docket sheets, and notices.
2. At this time, the requirements for filing, viewing, and retrieving case documents are: a personal computer (486 Minimum) running a standard platform such as Windows 95, Windows 98, or Macintosh, and Internet provider using Point to Point Protocol (PPP), Netscape version 4.7 or higher, and Adobe Acrobat Writer version 3.0 or higher software to convert documents from a word processor format to portable document format (PDF).

3. Pursuant to Federal Rules of Civil Procedure 11, every pleading, motion, and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's/participant's password issued by the court combined with the user's identification, serves as and constitutes the attorney/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the court.
4. I hereby authorize the court to make charge upon the credit card I have provided for any applicable fees required in conjunction with filings I make. I understand that it is my responsibility to provide the court with any changes to my credit card information, and failure to do so may result in temporary loss of my login to the System.
5. Registration shall constitute a request and an agreement to receive service of pleadings and other papers electronically pursuant to FRBP 9036 and 9022, where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
6. The undersigned attorney/participant agrees to abide by the most recent General Orders, Administrative Procedures for Electronic Case Filing, and all technical and procedural requirements set forth therein.

Please return to: U.S. Bankruptcy Court
 750 Missouri Avenue
 East St. Louis, Illinois 62201
 Attn: Mary Kelemetc, System Manager

Applicant Signature

Initial of First and Last Name/Last 4 digits of SS#

Subscribed and sworn to before me this _____ day of _____, 200__

Notary

My Commission expires _____

United States Bankruptcy Court
Southern District of Illinois
Credit Card Authorization Form

(Attorney Name/Firm)

hereby authorizes the United States Bankruptcy Court for the Southern District of Illinois to charge the following credit card number(s) for payment of identified Court-related expenses.

PLEASE TYPE OR PRINT

Visa Number _____ Exp. Date _____
(complete number on reverse side of card)

Mastercard Number _____ Exp. Date _____
(complete number on reverse side of card)

American Express _____ Exp. Date _____ I.D. # _____
(complete number on reverse side of card)

Discover _____ Exp. Date _____
(complete number on reverse side of card)

Diners Club _____ Exp. Date _____
(complete number on reverse side of card)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Authorized Signatures

(Signed) (Typed)

(Signed) (Typed)

Date: _____

This form, which will be kept on file in the Clerk's Office, shall remain in effect until specifically revoked in writing. It is the responsibility of the attorney/firm named herein to notify the Clerk's Office, Finance Section of the new expiration date when a credit card has been renewed, or if the card has been canceled or revoked.